**Freedom Christian Academy** 

**505 Ward Ave**

**PO Box 114**

**Erskine, MN 56535**

**Dean of Students: Bo Buehler**

**Phone Number: (218) 687-3733**

**Email: fca@fcaerskine.org**

**Website: fcaerskine.org**

We are an Inter-denominational Christian school giving children the opportunity to learn in an environment where their education is based upon strong, biblical values and concepts.

**Student Application**

**Name of Child** *click here to fill in the name*

Last First Middle

**Grade in which child will be enrolled**  Pre-K K 1 2 3 4 5 6 7 8 9 10 11

Age of child now Date of birth / / Male / Female

**Family Information**

| Father’s Name:   | Mother’s Name: |
| --- | --- |
| Address:   | Address:  |
| Home Phone:   | Home Phone:  |
| Cell Phone:   | Cell Phone:  |
| Occupation:  | Occupation:   |
| Employer:   | Employer:   |
| Work Phone:   | Work Phone:  |
| Email:  | Email:   |
| Parents Marital Status: Married Separated Divorced Widowed Single |

| **Name of Sibling** | **Age** | **Grade** | **Where Enrolled** |
| --- | --- | --- | --- |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

**Academic Information**

Please list academic history, beginning with the school most recently attended.

| **School** | **City** | **Years attended** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

Has your child ever been dismissed from a school for behavior-related problems?

Yes/ No If yes, please explain:

How did you learn about F.C.A? If you were referred to the school by an F.C.A family, please specify their name:

**Spiritual Information**

**Church Affiliation**

Is your child accustomed to Bible reading and prayer in the home? Yes / No

Give a brief statement regarding your child’s personal relationship to Jesus Christ:

Why do you wish to enroll your child in F.C.A?

**Medical Information**

Please list any physical or learning disabilities your child has:

Does your child take any medications regularly? Yes/ No If yes, please explain:

Does your child have any special medical needs? Yes/ No If yes, please explain:

**By signing this application, if my/our child is accepted for admission to F.C.A:**

● I/We agree to cheerfully abide by the rules of the school and to help advance its Christian testimony.

● We agree to pay all school bills by the first of each month, unless other arrangements have been made with the school treasurer.

● I/We understand that F.C.A. will not transfer my/our child’s grades and records to a new school unless my/our tuition is paid in full.

● I/We understand that our signature(s) below apply(ies) to all statements on this application requiring my/our permission and testify that the information given is true and accurate.

● I/We along with my/our child agree to read and comply with the Student Handbook of F.C.A. Academy.

● The following information about my/our child may be important regarding consideration of his/her enrollment at F.C.A:

 **Signature(s) of parent(s)**

 **Date**

**Please return with a copy of immunization records or sign a waiver from our office.**

F.C.A does not discriminate in enrollment or in the provisions of its programs or services on the basis of gender, race, or national or ethnic origins.

Division of FHL Academy, INC